Hartlepool Borough Council

Hartlepool Civic Centre

Inspection report

Civic Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We rated this service as requires improvement because:

- The service had had several staff vacancies over a prolonged period which had put pressure on staff. As a result, the service was failing to meet all of the 5 mandated contacts for parents' babies and children.
- The service did not have a standard operating procedure for staff to follow and understand for safeguarding referrals to ensure all staff used the safest route of referral from professional to professional. The service did not have an audit process to monitor referrals to the local safeguarding authority.
- Mandatory training monitoring comprised of both manual and electronic data therefore managers were not fully informed of updated training data at all times. Not all staff were compliant with mandatory training.
- The service shared a vision and values as part of the wider Hartlepool Borough Council Children's service which not all staff were working to.
- Learning from complaints, compliments and incidents were not standard agenda items for all team meetings to inform staff and improve the service on a regular basis.
- Managers were working to improving methods to collect further feedback from children young people and families to continually improve the service and understand the needs of the clients.
- We found 1 set of baby weighing scales in use which were outside of calibration dates. There was a system for auditing this however, it had failed to highlight the error.

However:

- Staff provided good care and treatment to children, young people and families in a holistic and family focussed way. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care and had access to good information.
- Staff had training in key skills, understood how to protect children, young people and families from abuse, and managed safety well. Staff assessed risks to children, young people, and their families, acted on them and kept good care records.
- Staff treated children, young people and families with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided social, emotional and practical support to children and young people and families.
- Feedback from families was complimentary of the service, recognising professionalism, respect and compassion given from staff.
- Staff felt respected, supported and valued. Leaders and staff were focused on the needs of children and young people receiving care. Staff were clear about their roles. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Hartlepool Civic Centre

Hartlepool Civic Centre sits within Hartlepool Borough Council and incorporates Hartlepool's Health Visiting and School Nurse Service. The teams deliver information, advice and support for children and parents of children aged 0 to 19 years old. Services are available to all children, young people and their families and cover the borough of Hartlepool.

Hartlepool local authority's Health Visiting and School Nursing teams work as an integral part of the 0-19 Early Help Team, with the staff based in the same offices and geographically working the same areas.

The service delivers the healthy child programme and prioritises children, young people and their family's health and wellbeing. This includes promoting the Best Start in Life for Children, improving access to health services, ensuring children are safeguarded and supporting children, young people and their families to live healthier and achieve their potential. The services are delivered from a range of community settings including children's centres, schools and families' homes.

This service is commissioned by the Public Health Team within Hartlepool Borough Council. The service has been registered since 19 February 2019 for the following regulated activity:

• Treatment of treatment of disease, disorder and injury.

The service has a registered manager in place, and the previous registered manager was in the process of deregistering at the time of the inspection.

The service was historically delivered by an NHS trust and transferred over to the council in 2019.

The service run by the council had not been inspected before.

How we carried out this inspection

During the inspection visit, the inspection team:

• toured the environment of four premises where care and treatment was provided

• observed the running of a baby clinic, two home visits, one parent community group session and a school drop in with young people

• spoke with the registered manager and director for the service

• spoke with the commissioner for the service

• spoke with 21 other members of staff including a service director, clinical lead, clinical practice lead, school nurses, health visitors, staff nurses, youth justice nurse, community nursery nurses, family healthcare workers, and the system development and performance manager

Summary of this inspection

• spoke with 12 service users

• observed 2 staff training sessions

• reviewed 9 care and treatment records of service users

• looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service Must take to improve:

- Managers must ensure they fulfil their contracted commitments to provide the service for the community. Regulation 17 (1, 2a) Good Governance
- The service must ensure there are sufficient staff to complete the contracted commitments and continue to work on reducing staff vacancies. Regulation 18(1) Staffing
- Managers must ensure staff have a standard operating procedure for safeguarding detailing a consistent route of referral for all staff to adhere to. Regulation 17 (1) Good Governance
- Managers must ensure there is a mandatory audit system of all cases referred to the local safeguarding team. Regulation 17 (1, 2a) Good Governance.

Action the service SHOULD take to improve:

- The service should ensure staff are compliant with mandatory training
- Mandatory training monitoring should continue to be updated to ensure the information is in real time for managers to monitor.
- Managers should ensure staff have shared visions and values for the service within which they all work.
- The service should continue to further develop methods to collect feedback from children young people and families to further understand their needs to improve the service.
- The service should ensure all equipment is calibrated in line with policy before use and systems are effective in monitoring this.
- Managers should ensure team meeting agendas include learning from complaints, compliments and incidents as a standard agenda item to inform staff.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Community health services for children, young people and families

Requires Improvement

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Community health services for children, young people and families safe?

Requires Improvement

We rated safe as requires improvement because:

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up to date with their mandatory training. At the time of our inspection the overall compliance rate was 88.5%. The provider did not set a specific target however aimed to have training levels at 80% or above. The only course below this was prescribing at 79% which equated to 5 members of staff who had not completed the training. These staff were booked on a course which had been cancelled due to an additional bank holiday. Two of the 5 staff were new starters in their induction period and were not prescribing medication at the time of our inspection. A further date had been arranged for 3 November and all staff currently out of date were scheduled to attend.

The mandatory training was comprehensive and met the needs of children, young people and staff. It was delivered through an online system and face to face sessions. Courses included first aid and basic life support, mental capacity, information governance, equality and diversity, health and safety and various modules in safeguarding.

Clinical staff completed training on recognising and responding to children and young people with mental health needs. Staff had good links with local services and pathways were in place.

Managers monitored mandatory training and alerted staff when they needed to update their training. For some training, staff were required to confirm completion, rather than the electronic system updating completion automatically to provide management information. At the time of our inspection this system was in the process of being changed and in the interim training was a standard agenda item for team meetings to promote compliance.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Community health services for children, young people and families

Requires Improvement

Staff received training specific for their role on how to recognise and report abuse. Staff were trained to the appropriate level in both child and adult safeguarding. At the time of our inspection safeguarding training compliance was 100%. Staff completed additional specialist training, some of which was delivered by in-house safeguarding leads.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff completed mandatory training in equality and diversity and in safeguarding people from being drawn into terrorism.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them for example the Multi-agency child exploitation group who alerted the provider of themes in the local area. There was a safeguarding lead to support and supervise staff and staff we spoke with were knowledgeable about the safeguarding referral process and how to access advice and support if needed.

We reviewed 3 recent safeguarding referrals which had been updated following assessment in the multi-agency children's hub and returned to the case officers directly through the patient record with advice for the referrer.

Initially there was some difficulty locating assessed referrals as there was no central list and the cases were not separately flagged on the system, although the number of cases were known. However, following our enquiry on inspection these records were subsequently located by staff.

The service worked under the borough council's safeguarding policy. As such staff were able to submit a safeguarding referrals in one of three ways electronically. One method was through the electronic patient record system, with the security of saving documents onto the system and a full audit trail. The other methods of referrals carried risks of inappropriate storage on laptops albeit these would be against policy or documents going astray by fax. However, there had been no incidents of this to date. In the event of an immediate concern staff made referrals by telephone and followed this through electronically. The service did not provide a clear standard operating procedure to direct staff through process of referral both in the agreed method or for example to determine whether a staff nurse was required to have supervision of registered school nurse before submitting a referral.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

Facilities were clean and tidy and had suitable furnishings which were clean and well maintained.

Staff followed infection control principles including the use of personal protective equipment. We saw staff adhering to personal protective equipment protocols and wearing masks as appropriate in line with the local authority's infection control procedures.

Staff cleaned equipment after use such as height charts and weighing scales after each patient contact. None of the service users we spoke with had any concerns about hygiene procedures.

Environment and equipment

Community health services for children, young people and families

Requires Improvement

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.

The service had suitable facilities to meet the needs of children, young people and their families. Most of the activity carried out with service users took place in the service user's own home but clinics ran in family centres and other suitable premises managed by the local authority. Each school had suitable arrangements in place so staff could see young people in private.

The service had enough suitable equipment to help them to safely care for children and young people. Staff had access to their own equipment and did not have to share it with other staff teams. Staff equipment, for example weighing scales, were calibrated and checked yearly in line with policy. We saw most scales had dated stickers confirming that equipment was suitable for use however we found 1 set of weighing scales which was out of date since November 2020 and raised this with management. The equipment was immediately replaced. Staff disposed of waste safely in line with guidance from the local authority.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used the local authority tool to identify children or young people at risk of deterioration and escalated them appropriately. From health care records, we saw how staff reviewed these regularly, including after any incident.

Staff knew about and dealt with any specific risk issues. This included the use of tools and assessments to consider home environments, physical health deterioration, significant events and safeguarding issues.

Staff completed, risk assessments for each child or young person. Staff used the ages and stages questionnaire (ASQ) for developmental and social-emotional screening as part of mandated contacts at 9-12 months and 2-2.5 years of age. Staff made the necessary recommendations to parents to reduce risk. Such recommendations if applicable could be referred to the Ready to Grow (9-12 months) or Ready to Learn (2-2.5 years) programme run by community nursery nurses, children's centre workers, health visitors and speech and language therapists. These programmes offer targeted intervention to those children and parents to support their development both within the session and in the home environment. The ASQ is then repeated after the intervention to evidence impact, monitor progress and ensure prompt referrals to external services if required.

Staff undertook risk assessments where appropriate when visiting families. For example, if the service had received information from colleagues or another agency relating to a family, which identified a cause for concern. Practitioners told us in some cases, staff would visit in pairs, or see the family in one of the hubs.

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

Staffing

Community health services for children, young people and families

Requires Improvement

The service employed staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. However, there had been staff shortages for several months which had impacted upon the service.

The staffing establishment was 49.6 whole time equivalent (WTE) and at the time of our inspection and actual staffing was 43.1 WTE. The service had recently undergone an intensive recruitment process. Three whole time equivalent new staff were due to start in November 2022; however, all new staff require a preceptorship period of a few months before being fully embedded in the service. Further vacancies included 1 school nurse full time vacancy,1 part time health visitor vacancy for 33 hours and 2 community nursery nurse vacancies which were all advertised. All staff were provided with a full induction.

Managers accurately calculated and reviewed the number and grade of school nurses, health visitors, staff nurses and community nursery nurses needed in accordance with national guidance. This was based on local data for example birth rates, previous activity levels and increasing trends to forecast how many staff they would need and in which roles going forward.

Managers regularly reviewed caseloads and staff told us these were manageable. Managers were able to adjust caseloads to account for complexity and staff had a mixture of universal and more complex cases.

In the last 12 months the staff turnover rate was 22.7% which consisted of 10 staff leaving. Managers monitored the reasons staff left the service and most of them had either retired or they moved on to progress their careers.

The total full-time equivalent staff sickness absence rate for the last 12 months was 13.9%. This consisted of both short term and long-term sickness episodes.

The service did not use bank or agency staff.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

During the inspection, we reviewed 9 care records. Notes were comprehensive, and all staff could access them easily. All staff had access to care records that were all kept on an electronic system. All records we looked at demonstrated that the care delivered was family focussed, holistic and comprehensive. Staff completed monthly care record audits to ensure quality was maintained and any improvements or learning shared with staff.

Records were stored securely. Each staff member had their own unique log-on and staff were provided with training on information security and governance before they could use the system.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Medicines

The service used systems and processes to safely prescribe medication to be collected at local pharmacies. The service did not administer or store medicines.

Staff followed systems and processes to prescribe medicines safely. The service did not deliver immunisations. Nurses who were up to date with their competence could prescribe from a limited range of medicines. The service had 23 non-medical prescribers at the time of the inspection. Staff had appropriate continuous professional development in place which meant the provider was assured staff were working within their competence. This consisted of annual external training and a review of prescribing as part of clinical supervision.

Staff stored and managed all prescribing documents safely and were aware of their responsibility to follow national guidance for safe storage and transportation. Prescription pads used by staff were appropriately allocated, monitored and stored safely.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with local authority policy.

Between 1 April 2022 to 30 June 2022 the service had recorded 19 incidents on their incident reporting system. The service monitored incidents on a regular basis and the most commonly occurring incidents were about connected services such as 48% which were midwifery related and so passed onto the local trust. Four incidents related to letters issued as part of the Child Measurement Programme. The letter issued included nationally agreed standard wording however at times this had caused issues with parents in the way the letter came across. One incident related to letters which were incorrectly addressed to the children rather than to the parents or carers of the children. As a result, the process had been changed and letters issued were sent in a windowed envelope to ensure the name of the addressee was clear.

The service had not had any never events although managers shared learning with their staff about never events that happened elsewhere.

Managers debriefed and supported staff after any serious incident. Staff told us managers were very supportive when incidents occurred.

Staff reported serious incidents clearly and in line with the provider's policy. However, in the 12 months prior to our inspection, the service had not reported any serious incidents.

Staff learned from safety alerts and incidents to improve practice received by email and at team meetings.

Staff understood the duty to be open and transparent when things went seriously wrong. They confirmed they would give children, young people and their families a full explanation in these situations.

Managers investigated incidents thoroughly and staff told us they were scrutinised in a positive way. Children, young people and their families were involved in these investigations. Staff received feedback from investigation of incidents,

Community health services for children, young people and families

Requires Improvement

both internal and external to the service. This was via email, through team meetings, in newsletters, used as examples for safeguarding training or where necessary individually to the staff involved. However, we reviewed 4 sets of team meeting minutes and found that not all included incidents and learning from incidents as a standard agenda item. Since our inspection the service has added incidents and learning from incidents as a standard agenda item.

Staff met to discuss feedback and look at improvements to children and young people's care. There was evidence that changes had been made as a result of feedback. For example, some child development mandated contacts at 9-12 months and 2-2.5 years were previously clinic only appointments and these were being trialled in both in clinic and home environments as a result of feedback from parents.

Are Community health services for children, young people and families effective?

Requires Improvement

We rated effective as requires improvement because:

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. These were stored electronically and available to all staff. The service used a number of pathways to ensure adherence to national guidance and best practice. For example, the health visiting service delivered the national four-level health visiting service including universal elements of the Healthy Child Programme.

The pathways were delivered by the health visitors, community staff nurses and community nursery nurses to provide support parents and children, and to access a range of community services and resources. Staff worked to meet the outcomes for the national 'Healthy Child Programme' which is an early intervention and prevention public health programme that offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices. The programme also identifies key opportunities for undertaking developmental reviews that services should aim to perform.

School nurses offered a regular drop-in to all primary and secondary schools in the area. Primary school drop ins were parent focused and secondary schools for young people either as a drop in or as a pre booked appointment. For those young people who attend for emotional wellbeing a tool was used at the start of the intervention and also at the end to evidence impact and with the ability for staff to refer to other services as needed.

At multidisciplinary or complex needs meetings staff routinely referred to the psychological and emotional needs of children, young people and their families. We saw evidence in care records, and face to face communication that staff took a holistic approach starting with the initial assessment visit and updating with each subsequent meeting. For example, when transferring from midwifery services to health visiting, for more vulnerable patients this was on a face to face basis with some overlap of care to ensure a smooth transition.

Nutrition and hydration

Community health services for children, young people and families

Requires Improvement

Staff regularly checked if children and young people were eating and drinking enough to stay healthy.

We received feedback from service users that staff provided advice where needed on diet and nutrition for parents, carers and their children. Health visitors and school nurses supported children, young people and parents to live healthier lives as part of the public health offer 'making every contact count'. Nurses delivered healthy eating campaigns to young people in schools, and where appropriate, staff referred families to sources of help around nutrition and if necessary, specialist services. Staff fully and accurately completed children and young people's fluid and nutrition charts where needed.

Specialist support from staff such as dietitians, speech and language therapists, and paediatricians were available for children and young people who needed it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service participated in relevant national clinical audits, such as the mandated contacts for the 0-5 age group. Objectives and targets for health visiting teams were defined by national standards. In contrast, the school nursing service did not have mandated contacts, except for the national child measurement programme, so outcomes for this part of the service were not measured. However, the school nurse service activity is monitored against public health outcomes and contributes to public health overarching strategic outcomes such as teenage pregnancy, obesity, oral health, accident prevention, emotional wellbeing.

The service failed to meet each of its 5 service targets under the healthy child programme mandated by Public Health England. The 5 contact points are antenatal, new birth up to 14 days, 6-8 weeks, 12 months and 2-2.5-year olds. Managers were aware of the pressure vacancies had on existing health visitors and had implemented a health visitor action plan to reduce demands on health visitors. As part of the plan all parents with additional needs and/or risks were prioritised for face to face visits however, for universal families there were alternative measures in place for example an introductory letter rather than an antenatal visit by a health visitor. This letter provided contact details for a named health visitor should universal clients wish to contact them and details of ante natal courses.

For new birth up to 14 days visits, the timeline in the action plan was extended to 21 days. Data provided showed compliance up to 21 days at 88% rather than the target of 100%, although some allowance should to be made for babies who remained in hospital.

Further data shows 6-8 week visits and 12-month visits were both below 75% meaning 106 parents, babies and children were not within the mandated time frames.

The final contact point at 2 – 2.5 years had 90% compliance.

Outcomes for children and young people were mixed when compared with England averages in March 2021. The outcomes where the service was worse than the England average were teenage pregnancy, numbers of mums smoking during pregnancy, obesity in children aged 4-5 years, and accident and emergency attendances by children aged 4 years

and under. Managers and staff used the results to improve children and young people's outcomes. For example, the health visiting team recently completed work with midwifery team regionally to develop a smoking in pregnancy pathway. The pathway includes an information pack with agreed contact points and a rough 'script' for staff to use as a consistent approach with parents.

The service had started working towards an accreditation by the United Nations Children's Fund, (UNICEF UK), Breastfeeding Baby Friendly Initiative.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and used the information to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Competent staff

Staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families.

Managers gave all new staff a full induction tailored to their role before they started work and made sure staff received any specialist training for their role. Specialist training included female genital mutilation and child exploitation.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. At the time of our inspection, 91% of staff had completed their annual appraisal which was short of the target of 95%. All members of staff we spoke to confirmed that they had an annual appraisal and were positive about their personal and professional development.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Clinical supervision was quarterly for all staff and included a prescribing element. Safeguarding children supervision was held on a one to one basis for all staff quarterly, however all health visitors and school nurses new to Hartlepool receive monthly safeguarding children supervision for a minimum of 6 months. Further supervision was available where extra support was needed. At the time of our inspection clinical supervision compliance was 84% which include two staff on maternity leave, when adjusted for this clinical supervision was 89%.

Staff told us training opportunities were good and they were encouraged to further develop their skills. Training included a management course available through a local university, recent UNICEF 2 day 'train the trainer' training and a sexual exploitation course.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were held every 1-2 months and staff meetings were held quarterly.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Community health services for children, young people and families

Requires Improvement

Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. All services were involved and attended relevant meetings which ensured a multi-disciplinary approach. We saw good examples of services working collaboratively with targeted interventions and support. Families we spoke to provided consistent positive feedback about levels of support they had received both from health visiting and school nursing teams.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health and depression. Staff referred into and liaised with community child and adolescent mental health teams where there were concerns around mental ill health.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service provided relevant information promoting healthy lifestyles and support. This included physical health support and information on normal crying in babies. During inspection we observed that staff took an individual and holistic approach to providing information. Children, young people and families we spoke told us they were signposted appropriately and given information about services and providers in the area to help with healthier living.

Staff assessed each child and young person's health when they came into the service and provided support for any individual needs to live a healthier lifestyle.

The school nursing service also offered structured public health promotion to all schools. This was delivered by a variety of staff at different stages of schooling and included sessions on hand hygiene, stranger danger, dental care, safety around medicines, healthy eating, exercise, personal hygiene, emotional wellbeing, puberty, alcohol and drugs.

The service was not commissioned to provide advice in smoking cessation in young people despite the acknowledged increasing trend of vaping in young people in the area. Staff signposted young people to local pharmacies for cessation advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. School nurses worked closely with secondary school children and were regularly assessing capacity.

Staff made sure children, young people and their families consented to treatment based on all the information available in line with legislation and guidance. We saw consent was clearly recorded in the children and young people's records.

Community health services for children, young people and families

Requires Improvement

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions. Staff we spoke with understood the principles of the Mental Capacity Act and how to apply best interest decisions if necessary.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a young person under the age of 16 can consent to contraceptive or sexual health advice and treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff had access to social workers and other specialists within the local authority who provided advice as needed.

Are Community health services for children, young people and families caring?

Good

We rated caring as good because:

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. When we spoke with children, young people and their families they told us that staff would consider all their needs and if other children were in the household, they would interact with them whilst ensuring all relevant tasks were completed. We gained feedback from 12 children, young people and their families who said staff treated them well and with kindness.

From our observations of staff, we found they demonstrated a caring and responsive approach with people who used the service. Staff were very passionate and highly motivated to provide excellent quality care to all.

Staff followed policy to keep care and treatment confidential. Staff followed robust confidentiality procedures that were evident from looking at healthcare records and speaking with service users directly.

Staff understood and respected the individual needs of each child and young person and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs. During inspection we attended a baby clinic, 2 home visits, a community parent group session and a school drop-in session and observed interactions with a range of children, young people and families. All staff remained professional, respectful and non-judgemental during all these interactions. Families we spoke with described how caring and helpful the staff were and how much they appreciated and valued the support provided.

Community health services for children, young people and families

Requires Improvement

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. Staff were knowledgeable about family circumstances that impacted on a child's wellbeing. Staff also asked about emotional wellbeing and support for parents and ensured that they had access to support where needed and contact details for the service.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. Children, young people and their families appreciated the consistency of the same health visitor or school nurse, who would take time to understand the history, their family and their needs. Feedback from people who used the service was very positive, and we saw numerous complimentary comments from families who were very grateful for the support and expertise provided to them. People we spoke to told us the service were quick to respond if they needed to contact staff outside of an appointment. They said staff would provide useful information and make additional appointments if necessary.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Staff made sure there were suitable private areas in schools and shared buildings where they could meet service users. All the service users we spoke with told us staff were mindful of their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing. The interactions we observed and the feedback we obtained from service users told us that staff were highly skilled and experienced in understanding impact on families of living with a family member with a health condition. Service users told us how compassionate and empathic staff were in these situations.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. Staff involved children, young people and their families in identifying goals of treatment and developing care plans.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. We observed staff were dynamic in their communication style and delivery to meet the needs of the families they were providing care for.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. Families were directed to the Hartlepool Council complaints or compliments process for feedback or alternatively to speak directly with staff. We saw young people and families also gave feedback about the service by letter and email.

Community health services for children, young people and families

Requires Improvement

Staff supported children, young people and their families to make informed decisions about their care. Managers ensured relevant leaflets, age appropriate information and clinic letters were provided to children, young people and families. Evidence-based information was also provided verbally to families to support this.

Are Community health services for children, young people and families responsive?

Good

We rated responsive as good because:

Service delivery to meet the needs of local people

The service planned and worked to provide care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population and used public health and demographic data to plan staffing, skills mix and delivery of the services.

Facilities and premises were appropriate for the services being delivered. Children's centres had rooms where families could speak with staff privately and all sites were on the ground floor and accessible for people with physical disabilities. The service had taken over a previous retail space in the town centre shopping precinct which was proving very popular with new parents who may already be in the town centre shopping and called in for additional advice or the weighing facility.

The service had systems to care for children and young people in need of additional support and specialist intervention. Staff used a multi-disciplinary approach to work with other agencies and services to provide holistic needs for children and young people. Families told us about examples where staff made referrals to, communicated with and worked with other services to meet individual needs of their children. Other support included family support and out of school activities.

Managers ensured that children, young people and their families who did not attend appointments were contacted. Managers reviewed caseloads regularly. Health visitor referrals were by postcode and staff were aligned to the local GP practice in that area. School nurses were allocated specific schools. This process saved time and travel efficiencies and created strong relationships within allocated healthcare settings.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

We spoke with 12 children, young people and families who all fed back that their individual needs would be taken into consideration when booking appointments, providing information and signposting or liaising with other services.

Community health services for children, young people and families

Requires Improvement

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss. The service made appropriate referrals and worked in partnership with other services and agencies to ensure that the needs of all individuals were met. Staff would also tailor the service to meet individual needs and for example, agree the best contact method.

The service had access to information leaflets available in languages spoken by the children, young people, their families in the local community. Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements were in line with national standards.

Managers monitored waiting times and made sure children, young people and their families could access services. The service was available Monday to Friday mainly during office hours with some out of hours clinics. There was a range of advice and signposting available on the service's social media platform and council website.

Managers worked to keep the number of cancelled appointments to a minimum. All families we spoke with told us that they had not had appointments cancelled unless by them and were always rearranged at a time to suit them.

Managers monitored that children and young people's moves between services were kept to a minimum. The service worked collaboratively with other agencies and specialist services so there was rarely any requirement for movement between services.

Staff supported children, young people and their families when they were referred between services. Families told us they were supported by staff. Families were given relevant information and informed of what would be involved regarding the introduction of other services providing additional care and treatment to children and young people.

Learning from complaints and concerns

People could give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

There was a complaints process in place. This was managed as part of the local authority's process. The customer service and complaints team managed formal complaints however the service had not had any formal complaints since 2019.

Staff understood the policy on complaints and knew how to handle them. Staff told us they dealt with and resolved as many complaints as they could quickly and without the need for highly formal procedures.

Children, young people and their families knew how to complain or raise concerns. In the 3 months since June there were 7 informal complaints where staff facilitated an early resolution. In the same period, the service received 5 compliments.

Community health services for children, young people and families

Requires Improvement

Managers investigated complaints and identified themes, for example the timing of ante-natal letters being issued to inform parents of the health visitors future visit date. The timing of these was changed to ensure a greater gap between the midwife visit and letter being issued. This ensured there was adequate time for the midwife to provide important updates about the status of the pregnancy and if there were any issues.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. Staff could give examples of how they used patient feedback to improve daily practice. During the inspection we saw changes were implemented as a result of a parent's complaint to improve the service. For example, the new town centre-based clinics to improve accessibility to staff and information for new parents.

Managers shared feedback from complaints and compliments with staff and learning was used to improve the service. Staff also told us some complaints information and learning were shared during supervision. However, compliments and complaints were not a standard agenda item for all team meetings throughout the service to notify all staff.

Are Community health services for children, young people and families well-led?

Requires Improvement

We rated well-led as requires improvement because:

Leadership Leaders had the skills and abilities to run the service. They understood the priorities and issues the service faced. They were visible and approachable in the service for families and staff. They supported staff to develop their skills and take on more senior roles.

Staff said leaders were visible, approachable and led by example. Senior leaders in the council visited the service and spoke with staff. Service managers understood the day-to-day issues facing staff and operated an open-door policy for staff to raise any issues directly. There was a coherent management structure in place with each team member being clear about their role and what they were supposed to achieve.

The head of service was supported by the clinical lead who was then supported by two clinical practice leads, and a system development and performance officer. At the time of our inspection the clinical lead was retiring, and interviews arranged for a replacement.

Some staff reported several recent changes to leadership structures and their managers which they found unsettling.

Vision and Strategy

The service had a joint vision with other local children's services for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. However, we found not all staff were aware of the joint vision.

The shared vision is 'to enable all children and families in Hartlepool to have opportunities to make the most of their life chances and be supported to be safe in their homes and communities.'

Community health services for children, young people and families

Requires Improvement

Some staff we spoke to referred to a shared visions and obsessions described in a document shared with other Hartlepool Council children's services as their vision and values. However, some nurses we spoke with described the values under which they operate as their professional nursing six core values which are commonly known as the 6 C's. These are Care, Compassion, Competence, Communication, Courage and Commitment. As such there was not a consistent vision and set of values for 0-19 staff.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided some opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All the staff we spoke with told us they felt supported and valued and staff were proud to work for the provider. Our interviews with staff demonstrated staff were highly motivated and passionate about their work. Most service users said staff were focussed on their needs and went above and beyond to provide excellent care.

Team morale had been lower due to some vacancies and the resulting workload pressures on staff however this had improved as vacancies were filled. Managers were aware of the issues and had implemented a health visitor action plan from June 2022 to manage workloads until the recruited staff were established in their roles.

Staff described an open culture where they could raise concerns without fear. They told us managers were approachable and would listen to any issues they raised. Service users said they felt confident to approach their individual worker with any concerns. Staff and managers preferred to resolve any service user concerns quickly and informally to the satisfaction of the person concerned.

Staff were supported to develop their skills however some reported that due to the size of the service there was little career progression to take on more senior roles.

Governance

Leaders mostly operated effective governance processes, throughout the service and with partner organisations. Staff were clear about their roles and had regular opportunities to meet, discuss and learn from the performance of the service. However, there was no standard operating procedure in place to clearly set out a consistent process of safeguarding referrals for staff to follow. There was no audit process to review cases submitted to the local authority and as such shared learning may have been missed.

The service had a governance structure with links to the local authority's public health and children's' directorates. There was a clear flow of information from the service to executive level and vice versa. The service had a performance lead who produced a quarterly report detailing an overview of the incidents, performance data for the health visiting and school nursing teams and highlighted any significant risks and/or areas for development/improvement. It also reported on other data such as breastfeeding maintenance, school nurse referral types, school nurse activity and hand hygiene. For safeguarding however, registered health visitors and school nurses made referrals directly but both staff nurses we spoke with told us their safeguarding referrals were processed through the registered school nurses before they would be submitted. Managers told us this was not the case however there was no standard service operating procedure for safeguarding in place for staff to follow.

Community health services for children, young people and families

Requires Improvement

Most staff we spoke with were clear about their roles and accountabilities however some staff told us that due to recent staffing pressures it was not always clear what they needed to focus on and when. The manager had reduced vacancies within the service, with 3 newly qualified staff due to start in November 2022. The 4 remaining vacancies were being advertised.

The service worked closely with other providers who delivered services in the locality. This included the local NHS Trust Midwifery team including monthly joint delivery meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Leaders and teams used systems to manage performance. Managers had a performance data pack that they shared with staff and discussed at monthly performance meetings. This data also formed part of the quarterly 0-19 Governance Board report. There was also an audit schedule to routinely monitor and review performance. However, the service consistently failed to meet the 5 service targets under the healthy child programme mandated by Public Health England.

The service had a risk register that contained high level risks to the service. We saw that this was regularly reviewed and updated with actions to reduce risks. There was a business continuity plan in place for the service, which outlined what action the service would take to maintain services and activities in the event of major disruption, such as IT loss and loss of transport due to severe weather.

Managers were involved in incident reviews and investigations.

Information Management

The service collected data and analysed it. Staff could largely find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service used an electronic patient record system which all staff could access, and the system was also used by other healthcare professionals enabling the sharing of some information. The information systems were integrated and secure.

Data or notifications were consistently submitted to external organisations as required such as to the Care Quality Commission.

However, the training data for the service was compiled both manually and electronically and therefore was not always readily available. The management team were aware of this and actions were in place to update the system to ensure training data will be accurate and up to date by the end of November 2022.

Engagement

Community health services for children, young people and families

Requires Improvement

Leaders and staff engaged effectively with children, young people, their families, equality groups, the public and local organisations to plan and manage services.

However, managers and staff acknowledged that engaging families and young people to plan and improve services was an area they needed to develop. For example, the service did not use a friends and family test survey to help understand whether patients are happy with the service. Young people were asked to submit feedback through the school nurse drop ins however managers acknowledged that some may be reluctant. Managers were looking to develop different ways of collecting more qualitative information from children, young people and families. For example, the school nursing team had developed a smiley face feedback tool from before and after interactions of clients with staff and this information and method of use was being reviewed and further developed.

Staff encouraged feedback on the service and since January 2022 had 8 compliments the staff and the service collated from verbal and written feedback. The service engaged with children, young people and families through social media pages and the council website however there was no specific engagement, newsletters or innovative use of social media to promote public health.

Managers engaged staff effectively and consulted them about changes to the service. Staff had monthly team meetings where staff shared information. For service development staff told us they contributed through specific task working groups.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The service had recently opened a healthy child clinic led by community nursery nurses, in a town centre unit due to request and demand from parents following Covid, as a drop-in clinic (other clinics were appointment only due to Covid measures). Due to the success and demand of this a health visitor was an addition to the clinic to deal with any specialist advice and queries, thereby ensuring parents had a prompt response and timely advice.

The service also had an increase in referrals since the height of the pandemic for concerns around sleep, eating, behaviour, toilet training etc and so has set up a clinic in response to this need in the form of a “marketplace.” This was initially run as an appointment based marketplace, however following parent feedback was changed to a drop-in service, just prior to the inspection.

The service were introducing a further early language identification evidenced based measure to the infant 2-year reviews to support any early identification of language issues. Health visitors and community nursery nurses had undergone training using a train the trainer model and the records system had been adapted to record data and evidence outcomes.

Funding had been agreed for a new specialist nurse for infant feeding and healthy weight. This would support accreditation of the UNICEF Breastfeeding Baby Friendly Initiative, as well as provide wider support to children and families in this area.

The youth justice specialist nurse identified gaps in health handover with the regional Youth Offenders Institutions and made direct links to improve this. This included improved communication and transfer of care in respect of health at the point of entry and exit from the Youth Offenders Institutions which ensured unmet or ongoing health needs can be

Community health services for children, young people and families

Requires Improvement

addressed. The school nursing service highlighted a gradual increase in emotional health and wellbeing issues and implemented a tool to include a more in-depth discussion with the young person to capture how their feelings are manifesting. The data was used for the development of taught sessions and enable more targeted support and outcomes being measured following intervention.